

Ward 1/9

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Address, 17016, Baltimore

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99713 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8: 1887

Full Name of Deceased, Mr. J. J. J. J. { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 54 Years, 16 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Teacher

Birth Place, Ireland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 1028 S. Paca St { Give Street and Number. }

Cause of Death, Phthisis { First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, May 11 1887

Undertaker, Jos. B. Book

Place of Business, 1603 N. Baltimore

Address, 1603 N. Baltimore

D. L. B. B. M. D.
Medical Attendant
P. B. B. B.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

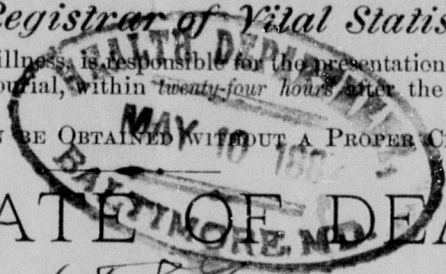
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99714 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 7-1887

Full Name of Deceased, Georganna Jackson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 47 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, Washerwoman

Birth Place, Anna Amodeo Co Mo.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, 86 Millman St.
{ Give Street and Number. }

Cause of Death, Mercur Bright's
Uremia Pericarditis
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, A. A. County Md

Date of Burial, May 10 1887

Undertaker, William D. Dinger G. F. Taylor M. D.
{ Place of Business, 150 East St. Address, 425 N. B. Way }

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99715 Office of Registrar of Vital Statistics. Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 7th '87

Full Name of Deceased, Patrick Ryan { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birth Place, Ireland - 30 years { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, University Hospital { Give Street and Number. }

Cause of Death, Tuberculosis pulmonum
Exhaustion { First (Primary), Second (Immediate), }

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, May 9/87

Undertaker, Geo. E. Brown C. W. Mitchell M. D. Medical Attendant.

Place of Business, Health Office Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 99716 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 9 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Ore.
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 24 Years, 1 Months, 22 Days.
Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } West Minister Md.

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, { Give Street and Number. } 1330 N. Fremont St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 9 - Months

All the above information should be furnished by the Physician

Place of Burial, Balt. Cem.

Date of Burial, May 11

{ Undertaker, Walter Immed } A. J. H. M. D.
Medical Attendant.

{ Place of Business, 594 W. Biddle } Address, corner of Bessmans Lane

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99717 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Franklin

Sex, Male or Female, {Cross out the word not
required in this line. } Female

Age, 31 Years, 9 Months, 1 Days.

Color, white

~~Married, Single, Widow or Widower,~~ { Cross out the words not
required in this line. }

Occupation, _____

Birth Place, { State or country, now
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and } 1360 Stockton St.
Number.

Cause of Death, { First (Primary),
Second (Immediate), *Laryngeal Phthisis*

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, May the 11 1875

(Undertaker, *Walter Immel*) *Samuel Meyer* - M. D.

Place of Business *594 N. Bidder* *123* *728 N. ...*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

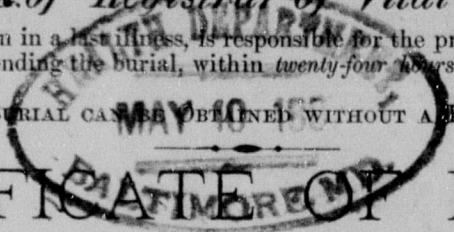
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99718 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 8 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Weigand

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give Street and Number. } 2600 Hudson Street

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 10 - 87

Undertaker, E. P. Franco C. A. Rutledge M. D.

Place of Business, Frank & Wolfe Address, 403 N. Broadway

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99719 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 10

Full Name of Deceased, Sophia Mabius {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 12 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Register St

Place of Death, {Give Street and Number.} 511 S. Register St.

Cause of Death, {First (Primary), Failure of development
Second (Immediate), Asphyxia}

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 11/88

{Undertaker, Henry Mabius {Signature of Undertaker} Frank C. Boush M. D. Medical Attendant.

{Place of Business, 511 S. Register St. Address, 171 Bank St.}

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Health Department, City of Baltimore.

Permit No. 99720 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 10 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Sammons
Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}
Age, 68 Years, _____ Months, _____ Days
Color, White
~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}
Occupation, None
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 35 yrs.
Duration of Residence in the City of Baltimore 35 yrs.
Place of Death, {Give Street and Number.} 1634 E. Monument St
Cause of Death, {First (Primary), Second (Immediate),} Chronic Bronchitis
Pulmonary Oedema
Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet
Date of Burial, May 13th
{ Undertaker, Geo Schilling } J. B. Schwatka M. D. Medical Attendant.
{ Place of Business, Ashland Square } Address, 933 N. Broadway

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[OVER.]

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Health Department, City of Baltimore

Permit No. 9972 / Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, with ~~in~~ ^{not} ~~less~~ ^{more} than 48 hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1887 = 5 P.M.

Full Name of Deceased, John J. Sullivan

Sex, Male or Female, Male

Age, 11 Years, Months, Day

Color, White

Married, Single, Widow or Widower, Single

Occupation, Shore Boy

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, S. E. Cor Bond & Hametia Sts

Cause of Death, First (Primary), Supposed cause by a small nail penetrating ball of large toe - some days ago. Second (Immediate), Tetanus

Duration of Last Sickness, About 30 hours, Saw him first at 3 AM to day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent C'y

Date of Burial, May 10 1887

Undertaker, Jas P Byrne

Medical Attendant, M. D.

Place of Business, 302 N Bay Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]